

A 55¢ Administrative Fee is added to each Premium, except the Spending Accounts (See page 5 for these fees).

Flexible Benefits Program Rate Summary 2011 Plan Year



Employee Age Group	Employee Life Coverage selections 1,2,3,4,5,6,7,8,9 X Benefit Salary	*Spouse Life Coverage selections \$6,000, \$12,000, \$30,000, \$60,000, \$100,000, \$150,000, \$200,000, \$250,000	Accidental Death Coverage selections 1,2,3,4,5,6,7,8,9 X Benefit Salary
0-29	0.06	0.06	0.020
30-34	0.06	0.06	0.020
35-39	0.09	0.09	0.020
40-44	0.14	0.14	0.020
45-49	0.18	0.18	0.020
50-54	0.28	0.28	0.020
55-59	0.40	0.40	0.020
60-64	0.64	0.64	0.020
65-69	1.23	1.23	0.020
70-99	1.91	1.91	0.020

- Spouse Life rates are based on the employee's age.
- *Note: Computations are based on rate per thousand*

Child Life \$3,000	Child Life \$6,000	Child Life \$10,000	Child Life \$15,000	Child Life \$20,000
0.21	0.42	0.70	1.05	1.40

- Child Life Rates Based on Coverage Level



Flexible Benefits Program
Rate Summary
2011 Plan Year
Premium Rates

Employee Age Group	Short Term Disability Thirty Day Wait		Short Term Disability Seven Day Wait		Long Term Disability No Retirement Disability Benefits		Long Term Disability With Retirement Disability Benefits	
	Under Social Security	Not Under Social Security	Under Social Security	Not Under Social Security	Under Social Security	Not Under Social Security	Under Social Security	Not Under Social Security
0-29	0.260	0.260	0.490	0.490	0.150	0.159	0.127	0.137
30-34	0.255	0.255	0.470	0.470	0.214	0.241	0.127	0.137
35-39	0.260	0.260	0.490	0.490	0.268	0.300	0.127	0.137
40-44	0.290	0.290	0.535	0.535	0.309	0.337	0.127	0.137
45-49	0.320	0.320	0.590	0.590	0.532	0.592	0.127	0.137
50-54	0.350	0.350	0.640	0.640	0.710	0.792	0.259	0.291
55-59	0.405	0.405	0.750	0.750	0.928	1.019	0.464	0.514
60-64	0.460	0.460	0.845	0.845	1.092	1.197	0.560	0.619
65-69	0.560	0.560	1.030	1.030	1.456	1.602	0.915	1.010
70-99	0.855	0.855	1.590	1.590	1.456	1.602	0.915	1.010

- Note: Computations are based on rate per thousand

Flexible Benefits Program
Rate Summary
2011 Plan Year
Premium Rates

	Dental Regular	Dental PPO	Dental HMO
Employee	26.28	23.58	20.25
Employee + Spouse	52.55	47.15	37.43
Employee + Children	55.17	49.50	46.57
Family	77.88	63.86	55.68

Coverage Levels	Specified Illness					
	\$5,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Age Bands						
18-29	\$ 3.25	\$ 5.05	\$ 8.65	\$ 12.25	\$ 15.85	\$ 19.45
30-39	\$ 4.80	\$ 8.15	\$14.85	\$ 21.55	\$ 28.25	\$ 34.95
40-49	\$ 8.75	\$16.05	\$30.65	\$ 45.25	\$ 59.85	\$ 74.45
50-59	\$14.35	\$27.25	\$53.05	\$ 78.85	\$104.65	\$130.45
60+	\$22.20	\$42.95	\$84.45	\$125.95	\$167.45	\$208.95

Employees who are under age 18 and over age 69 as of October 1, 2011 are not eligible to select the Specified Illness option. If an employee enrolls in the Specified Illness plan and then buys up at a subsequent Open Enrollment, the premiums will be based on the original issue age.

	Vision Select Plan	Vision Select Plus Plan
Employee	5.30	5.99
Employee + Spouse	12.17	13.75
Employee + Children	12.73	14.40
Family	17.49	19.76

	Legal Select Plan	Legal Select Plus Plan
Single	5.67	7.30
Family	6.89	9.60

Spending Accounts

(Health Care Spending Account, Dependent (Child) Care Spending Account)

Employees with the Health Care Spending Account and/or Dependent Care Spending Account will be assessed a \$3.20 monthly fee to cover part of the Third Party Administrator contract.